United States Southern Dis	S DISTRICT COURT FRICT OF NEW YORK		
-	EsoN	_ 23-V-3402 (NS	R)
(In the space above ent	er the full name(s) of the plaintiff(s).)	AMENDED COMPLAINT	
PA Kach L. Jackson L. Malin, D J. Hanvel, J Michael C. Anthony J. Rachel Segi Roa Rosari	appilly, Doctor J. DET OF Health Service PROGRAM COMM. Chairpers PROJECT SUPERINTENDENT ANNUCCI, Acting COMM. JIN. Acting Dir. Chrievance- O	Jury Trial: DYes D No (check one)	
cannot fit the names of please write "see attac additional sheet of pap listed in the above capt	r the full name(s) of the defendant(s). If you all of the defendants in the space provided, thed" in the space above and attach an er with the full list of names. The names ion must be identical to those contained in left not be included here.	D) ECEIVIOCT 10 20. U.S.D.C. W.P.	
A. List your nar confinement. as necessary.	ne, identification number, and the na	me and address of your current place of fs named. Attach additional sheets of paper	
Plaintiff Name ID# Curre Addre	Jerry Ison 18A2403 Int Institution ATTICA Correc- ISS BOX 149 ATTICA, New York Is		
may be served	ants' names, positions, places of employ Make sure that the defendant(s) listed Attach additional sheets of paper as n	ment, and the address where each defendant below are identical to those contained in the ecessary	
Defendant No. 1	Name PA Kachappilly, i Where Currently Employed SING Address 354 HUNTER ST	Doctor Shield # 15ing Corri Facility Freet Dyork 1056	
Rev. 05/2010	1	DEGEL	VE 2023
		PRO SE C	FFICE

Defendant No. 2	Name L. Jackson, DEP of Programs Shield # Where Currently Employed, SING SING CORT, Facility
•	Address 354 Hunter Street
	OSSINING, New York 10562
Defendant No. 3	Name L. Malin, Der of Programs Shield # Where Currently Employed Sing Sing Corr, Facility Address 354 Hunter Street OSSINING, New York 10562
Defendant No. 4	Name J. Hanvel, Prosem Cont. Chairperson hield # Where Currently Employed Sing Sing Corr, Facility Address 354 Hunter Street OBSINING, New York 10562
Defendant No. 5	Where Currently Employed Sing Sing Corr, Facility Address 354 Hunter Greet OBSINING, New York 10562 SEE ATTACH
II. Statement o	
State as briefly as pecaption of this comply You may wish to increase to your claims	ossible the <u>facts</u> of your case. Describe how each of the defendants named in the aint is involved in this action, along with the dates and locations of all relevant events. Itude further details such as the names of other persons involved in the events giving Do not cite any cases or statutes. If you intend to allege a number of related claims, each claim in a separate paragraph. Attach additional sheets of paper as necessary.
A. In what	institution did the events giving rise to your claim(s) occur? IN9 SIN9 Correctional Facility.
B. Where in	the institution did the events giving rise to your claim(s) occur? 3 SING Medical department.
C. What date	and approximate time did the events giving rise to your claim(s) occur?
· · · .	

DEFENDANT List and Service Addresses

Defendant # 6 ANTHONY J. ANNUCCI, Actives COMMISSIONER
DOCCE
Bldes 20 State Campus
Albany, New York 12226-2050

Defendant # 7 Rachel Seguin, Acting Dir., Grievence Programs
Doccs
Bldg Zu State Campus
Albany, New York 12226-2050

Defendant #8 Roz Rosario Nurse Administrator Sins Sins Corri Facility 354 Hunter Street OSSININS, New York 10562

	D. Facts: I Was denied access to Work for food Service, Under 504 Act ADA Act,
What happened to you?	
Who did what?	Hy Provider. DA Kachappilly devied Me the apportunity to participate in this program.
Was anyone else involved?	L. Jackson, Department of Health Services. L. Halin, Department of Programs. J. Manuel Program Committee Chairperson. Hichael Capia, Superintendent. Anthony J. Anncel, Acting Commissioner.
Who else saw what happened?	Rachel Seguin, acting Director, Corievance Programs. Roa Rosario. Nucse Administrator No one, but I spoke to My Pears about what happen to Me.
	you sustained injuries related to the events alleged above, describe them and state what medical treatment, if ny, you required and received. PISO Order, Emotional distress, ANXIETY, Mental angulsh, Loss of Weight
ľ	V. Exhaustion of Administrative Remedies:
· W	the Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brough with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisone onfined in any jail, prison, or other correctional facility until such administrative remedies as are available are xhausted." Administrative remedies are also known as grievance procedures.
A	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility? Yes No

Does the grieve cover some of Yes If YES, which Did you file a Yes If NO, did you other correction Yes If you did for grievance? I. Which to the Yes If you did for the Yes If you did for grievance? I. Which to the Yes If you did not the highest is If you did not the highest is If you did not the Yes If you did not the highest is If you did not the you did not the Yes If you did not the Yes	prison, or other correctional fam(s). Sing Sing	3 Cont	ectional	Facili	Υ
Does the grieve cover some or Yes If YES, which Did you file at Yes If NO, did you other correction Yes If you did find grievance? I. Which to the Yes If you did find the Highest left COR (In the Yes In the Highest left Yes If you did not	rison or other correctional facili	ty where your c	laim(s) arose ha	ave a grievan	ce procedure
If YES, which Did you file at Yes V If NO, did you other correction Yes If you did fit grievance? I Which Lothe 2. Whather highest is COR	o Do Not Know			•	
If YES, which Did you file a Yes Yes If NO, did you other correction Yes If you did figrievance? I Which Lothe 2. Wha Lock Se 3. Wha the highest le COR C	ance procedure at the jail, priso all of your claim(s)?	n or other corr	ectional facility	where your	claim(s) aro
If you did figrievance? I Which to the state of the highest leading to the state of the state o	o Do Not Know				
If NO, did yo other correction Yes If you did find grievance? I. White What So So What he highest he COR_ Correction Core for the figure of the highest he COR_ Correction Core for the highest he COR_ Core for the highest he correction corr	claim(s)?		· · · · · · · · · · · · · · · · · · ·	· 	* ** <u> -</u>
If NO, did yo other correctives If you did find grievance? I. Which to the second Se	grievance in the jail, prison, o	r other correct	ional facility w	here your cla	iim(s) arose'
If you did figrievance? 1. Which to the 2. Whathe highest he COR	I file a grievance about the ever	nts described in	this complaint	at any other	jail, prison,
To the Which to the What to the What the highest had the hi	Vo				
to the 2. Wha Food Se 3. Wha the highest he COR	h claim(s) in this complaint did	correcti	onal Fac	cility_	
Food Second Seco	Messhell Food				
Food Se 3. Whathe highest le COR If you did no	Day 1 CONTECTION	SELVICE	20010	Dactic 2	الما صلح
3. Whathe highest leading COR (was the result, if any? Den	la Cou	LATA	DA ACT	<u> </u>
If you did no	rvice Program un				
,	steps, if any, did you take to vel of the gridvance process. CENTAL OFFICE	appeal that A Superind Ereview	ecisida? Desc endenti Committ	ribe all effo BS Wel	ts to appea
,					·
,					
,					•
}. If th	t file a grievance:	<u></u>			
	ere are any reasons why you d	id not file a gri	evance, state th	tem here: _	
· —					
		· · ·			
	on did not file a grievance but in				

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	when and how, and their response, if any: their response through
	their OIYMISSON, were they did Not Investigate this Matter or the grievance, I shouldn't be at
G.	Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.
	They did Not investigate this Matter and if they would have, I would of been Place or Cheard For Food Service Program.
Note:	You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.
v.	Relief:
ire see	what you want the Court to do for you (including the amount of monetary compensation, if any, that you sking and the basis for such amount). # 500,000 IN COMPENSATORY demands of each defendant IN their invividual and official Capacity of their Violation of Plaintiffs Fight under the First Eight. I four teems aftendment of americans with disability act of Plaintiff, 13 further seeking felief in Fegulatory action of the N.Y.S. New YORK STATE and its administrative official, out their Directive 4803 and provisions under the efficial, out their Directive 4803 and provisions under the efficial, out their Directive 4803 and provisions under the efficial of their Directive 4803 and provisions under the efficial of their Directive 4803 and provisions under the efficial of their Directive 4803 and provisions under the efficial of their Directive 4803 and Drovisions under the efficiency of the Needs of Plaintiff dothers who have disabilities under 504 ACT and ADA ACT
VI.	Previous lawsuits:
Α.	Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action? Yes No No

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()n these claims В.

	J,	is mor	e than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same.)
		L.	Parties to the previous lawsuit:
		Plainti	IF NEW YORK POLICE DEPARTMENT & RIKEYS ISland
			dants NiYiC. & RIKers Island.
		2.	Court (if federal court, name the district; if state court, name the county) Eastern district & Southern.
-		3.	Docket or Index number Can't Verterter.
		4.	Name of Judge assigned to your case dout KNOW
		5.	Approximate date of filing lawsuit
		. 6.	Is the case still pending? Yes No
			If NO, give the approximate date of disposition 2018
		7.	What was the result of the case? (For example: Was the case dismissed?) Was there judgment in your favor? Was the case appealed?) 12/06.
On other claims] C.		eve you filed other sewsuits in state or federal court otherwise relating to your imprisonment?
	D.	the	your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (In series is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the me format.)
		l.	Parties to the previous lawsuit:
		Plain	tiff
			ndants
		2.	Court (if federal court, name the district; if state court, name the county)
		3.	Docket or Index number
		4.	Name of Judge assigned to your case
		5.	Approximate date of filing lawsuit
		6.	Is the case still pending? Yes No
			If NO, give the approximate date of disposition
		. ,	What was the result of the case? (For example: Was the case dismissed? Was there indomes

in your favor? Was the case appealed?)

If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there

I declare	under penalty of perjury that the foregoin	g is frue and correct.
Signed thi	is 3 day of october , 2023	
·	Signature of Plaintiff Inmate Number Institution Address	Kerry Som ##) 18A/240'3 ATTICA Correctional Facility BOX, 149 ATTICA, NEW YORK 14011-0149
	all plaintiffs named in the caption of the compunate numbers and addresses.	plaint must date and sign the complaint and provide their
complain		day of October, 20231 am delivering this ro Se Office of the United States District Court for the
	Signature of Plaintiff	Jerry eson

STATE OF FECT

- A. Plaintiff allege a violation of title II of americans with disabilites ACT (ADA) a Plaintiff Must allege (1) that he is a gualified individual with a disability (2) That he was exculded From Participation in a Public entity's Services. Programs or activities, or was otherwise discriminated against by a Plubic entity (3) That such exclusion or discrimination was due to his disability.
- B. Section 504 OF the (RA) Prohibits 2 Program or 2 ctivity

 (ecciving Federal Funds From excluding or discriminating 292 inst

 Persons based on disability, was excluded From such ParticiPation

 Solely by reason of his handicap: 2nd(4) was denied ParticiPation

 IN 2 Program that (eccives Federal Funds.
- C. I was treated differently from other Similarly Situated INdivdiwals without any rational basis. unequal treatment Motivated by Malicious or bad Faith, intent to inverse.
- D. To establish 2 violation under title II or (ADA) a Plaintiff Must demonstrate that (1) he is a sublified individual with a disability:

 (2) The defendants are subject to the (ADA) and (3) The Plaintiff was, was denied the orportunity to Particizate in or benefit from defendants services. Programs, or activities or was otherwise discriminated assinst by defendants by reason of his disability.

AMERICANO With disabilities Act OF 1990 \$ 202, 42 U.S.C.A.\$ 12132 (eceive Funds 1973 & zet sev. 29 U.S.C.A. & 701 et sea

STATE OF FACT

- E. Plaintiff allege that his Histredheut was Movivated by either discriminatory avinus or ill will due to disability americans withdisability act of 1990 \(\) 202.42 U.S.C.A. \(\) 12132.
- F. Plaintiff alleging a Violation of Title II of (ADA) (1) intentional discrimination. (1) discrimination impact, and (3) a refusal to Make 8 reasonable modification with disabilities act of 1990 & 202, 42 uscas, AT MINIMUM defendants had authority to address the Wentouly reckless Manner, under 504 Act reasonable accommodate.
- C. ONCE a defendant is on notice of a Plaintiffs disability it is required to engage in an interactive Process in order to arrive at reasonable accommendation, N.Y.C. administrative code 3 107 (28). Under the ADA the interactive Process is one by which Plaintiff and doctor should work together to assess whether an individual can be accommendated. Americans with disabilities ACT OF 1990 & 2 42 USCA 3 12101.
- H. A covered entity shall not conduct a medical examination or make insures of a dob applicate as to whether such applicate is an invidual with a disability or as to the Nature or severity of such disability.

A covered entity May Make PreemPloyment into the ability OF 2N 2PPlicate to Perform Job- related Functions.

STATE OF FZCT

- I. Michael Capra superintendent of sing sing
 NEW YORK STATE DEPARTMENT OF CORRECTIONS
 Practice was so Persistent and widespread or Permant
 and well settled as to constitue a custom or usage with
 the Force of law and to imply the constructive knowledge of
 Palicymaking officials or (2) by Identifying a failure to train
 or supervise subordinates to local Policymakers were at Minimum
 deliberate indifferent as to know or obvious consequence of their
 inaction with respect to custom.
- J. Inadequately train employers chooses not to train them, custom or Practice. Moral Certainty that his employers will confront a giving situation, Mishandling the situation.
 - 1) Intentional discrimination (2) discrimination impact, 3) a refusal to Make a reasonable Modification with disabilities act of 1990 \$ 202 42 USCA \$.
- K. Knowledge of disability is Prerequisite to discrimination by reason of that disability in Violation of Title II of americans disability ACT, ADA and rehabilitation ACT of 1973 3 504,29 USCA \$ 12132

STATE OF FZCT

- L. I am qualified Individual under the americans with disabilities ADA Tittle II who suffer From Scoliosis, Curvatur of the spine, I also suffer From a winder Nerve entraphent, right arm, Left brachial Plexus indury with Chronic at at rophy. (19ht-knee aun shot wound with Chronic Rue, right knee shorter than Left Knee. I also receive disability income SSI.
- H. COMPlaint arise From October 7,2020 From Correspondence I received From J. Manuel, Program Committee Chairperson, Stating that IM inclinibe to work For Messhall Service.

IN another Letter From J. Hanuel Program committee chair-Person, she state they have not received an approved medical, and that was on March 23, 2021.

- N. Plaintiff received 2 response Letter From L. Halin, Defuty
 Superintendent For Programs on June 71, 2021 regularding
 My reasonable accommondation From requesting to beable to ParticiPate in Heashall Services.
- O. ON 11th OF NOVEMber 15,2021 I wrote to DePuty. L Jackson OF Hedical Services tryin to Find out why IIM Not being cleard For the Messhall.
- P. ON November 29, 2021 I received a Letter From a quick supervisor inmate grievance Program, Saring based on the infures to both Left and right arm, I would not be cleard.

STATE OF FECT

- Q Plaintiff File grievance Complaint on october 21,21 to Why I'm Not being Place in the Hesshall.
- R. Plaintiff received a Letter From L. Jackson (DSHS) Services, Stating I have been deemed unsuitable by My Medical Provider on November 26,121.
 - 6. ON 1/18/22 COMPLZINENT received his denial From superintendent, Michael Carra, stating there is No support of allegation of discrimination.
- T. Complainant wrote back to deputy of health services on 1/31/2022 after the swerintendent denied his grievance, requesting to be revaluated Perdirective # 4803 reasonable Accomodation should be made to Program III with disabilities. I received No response.
- U. COMPlainant received his devial From CORC central Office review committee.
- V. Now he File this Lawsuite under the civil rights ACT 42U.S. 31983.

FIRST Cause OF ActION

L. DeFendant NO. 1 P.A. Kachappilly My Provider denied Me access or the opportunity to Participate in the Messhall Program, Using False Pretense both My Left arm and right arm injuries.

P.A. Kachappilly My Provider at Sing sing correctional facility. She Fall under color of Law IN an Individual.

Capacity and official capacity Violated Complainent Fights under title II of the ADA 504. Through her Intentional discrimination (2) discrimination infact and (3) refusal to Make a reasonable Modification with disabilities Act of 1990 \$ 202 42 USCAS.

CONCERN and SYMPathy are Not, What the Statues require, (Modification are)

KNOWledge of disability Is Pre requisite to discrimination by reason of that disability in Violation of tittle II.

of american with disability ACT ADA and rehabilitation of
1973 \$ 504, 29 USCA \$ 794 Americans with disabilities ACT

of 1990 \$ 202, 42 USCA \$ 12132.

<u> 13</u>

FIRST Cause OF ACTION

Defendant P.A. Kachappilly IN a correspondence letter Station of IIM ineligible to work in Hesshall, with NO good. reason to why. Letter dated october 7, 2020. And that infor-Mation Sent toher From J. Manuel, Program committee Chairperson.

IN another Correspondence Letter From Medical to J. Mauvel, program Contrittee Chairperson, stating I have Not received an approved Medical, Correspondence letter dated March 23,2021

ONE Letter From Q QUICK Supervisor INMETE GRIEVANICE Program dated october 18, 2021 She explain to the too consult with my Hedical Provider to see what is Preventing Me From being Cleared For the Food Service Program.

Defendant P.A. Kachappilly Notified L. Jackson (DSHS)
OF health services on november 26, 2021. Telling her I
have been deemed unsuitable by My Medical Provider, and I
should speak to her.

IN a Follow up Letter From Q QUICK Program Supervisor to Me, telling Me based on invores to both Left and right arm I will not be cleard, and how do you want to Proceed From here?

First Cause OF Action

Defendant P.A. Kachapplly toatly disregularded Directive # 4803. PHILOSOPHY: Programs are designed to Promote the reliabilitation, of the inmate and their successful and Productive reintegration into society.

And her Intentional discrimination as well as deliberate indifference through her wantouly reckless Manner under 504 Act reasonable accommodate in Violation of Plaintiffs rights under the first, Eight and Fourteent amendment, of the United States Constitution as Mandates of americans with disability Act.

Second cause OF Action

Deutendant #2 L. Jackson, Dep of HEAlTH SERVIES, Sing Sing Correctional Facility, Under Color OF State Law in an Individual Capacity and Official Capacity after being inform OF My Condition, and why I was being denied access to the Messhall.

I received a letter from her sayin I was deemed unsuitable by my Medical Provider, letter Dated 11/26/21. She Fail to investigate this Matter at all.

L. Jackson Dep of health Services displayed intentional discrimination or at minimum had some authority to address the Wantonly reckless Manner under 504 Act reasonable accommodate.

Violation of Plaintiffs rights under the First, Eight and Fourteeth amendment of the United States Contribution as Mandates OF americans with disability Act.

Failing to comply with sing sing own ADA directive IN Maintaining a qualfied ADA Coordinator and advisory committee to handle ADA Issues, failing to Make efforts to integrate disabled inmates with the stirit of the ADA implementing regulations.

Maintaining blanket excusionary Policies For disability Intates Thmates regarding access to Various services Activities and Programs in Violation of ADA".

Third cause OF action

Defendant #3 L. Malin Dep Superintendent For programs Sing sing correctional Facility under color State Law in an individual capacity and offical capacity.

I received a response Letter From him about my reasonable accommodation form I summitted intered of Filling the Form out and sending it to medical he wrote back stating he could not understand what I was asking For.

He Violated his own directive 4803 (easonable ACCO-MHONdate, his Policys Practice was 30 Persistent and Widespread or Permanent and Well settled as to constitue a custom or usage with the Force of law and to imply the Constructive Knowlege OF Policy Making officials to intentional discrimination (2) discrimination impact; and (3) a refusal to Make a reasonable Modification with disabilities Act OF 1990 & 202 42 USCAS.

Consequence of their inaction with respect to customs

Inadequately train employess chooses Not to train them. Custon or Practice, Moral Certainty that his employees will confront a giving situation Mishandling the situation.

Third Cause OF Action

DEP. Superintendent L. Malin of Programs Violation OF Plaintiffs rights under the First, Eight and Fourteent amendment of the Unite States constitution as mandates of americans with disability Act.

Failing to "appropriately evaluate and address ADA accommodation request and disability-related grievance; Failing to identify and track disabilities and accommodation request in a meaningful way"

Failurg "to compy with sing sing own directive in Maintaining a qualified ADA coordinator and advisory committee to handle ADA Issuesi."

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Fourth Cause OF Action

Defendant # 4 ASS Dep Superintendent For Mental health J. Manuel Chairperson For Program committee under Color of State Law, denied He access to the Messhall by Not investigating the Matter at all, she had the vise at her control right therether Computer, Could of Look up My work history and seen I've been Cleard and work in Constock Prison Prior to Sing sing Correctional Facility, and have a Food service handling Certificate From Greenhaven Correctional Facility 1997, work for Food service Fishkill Corr, Facility

She sent Hea Letter Stating Medical said I'm ineligible to work, and that was on october 7,2020. In another Letter dated March 23,2021 Stating the has Not receive approved Medical yet. In her last letter to the dated June 7, 2021 telling the if I don't report to the Program Contitlee For a Job, I will automatically be place in a program Job.

J. Manuel also displayed intentional discrimination or at Minimum had some authority to address the wantonly reckless Menner under 504 Act reasonable accommodate, Violation of Plaintiffs rights under the First Eight. 2nd Fourteeth amenhend of the united states constitution as mandates of americans with disability Act.

Case 7:23-cv-03402-NSR Document 25 Filed 10/10/233 __R/ge34620(NSR)

Fourth Caves of Action

J. Manuel Program Contrittee Chairperson Violated directive 4803 reasolable accommodate, her Polices and Practice was so persistent and wide spread or Pernat and well settled as to constitute a custom or usage with the Force of law and to imply the constructive Knowlede of Policy Making Official to imply the Constructive Knowlede of Policy Making Official to when tional discrimination (2) discrimination impact. and (3) a refusal to Make a reasonable modification with disabilities Act of 1990\$ 202 42 USCA3 and Failure to train or survive of their inaction with respect to custom.

Triadequately trained employess, Chooses Not to train them. Custom or Practice, Morel Certainty that his employess will confront a giving situation mishandling the situation.

Case 7:23-cv-03402-NSR Document 25 Filed 10/10/23 23gg/223H302 (NSR)

Fifth cause OF Action

Dekendent #5 Micheal Capra Superintendent of Sing Sing Correctional Facilit under color of State Law, IN an individual Capacity and official Capacity Knowingly allowed his subordinates or as supervisor of his Facility had authority to address the Wantonly reckless Manner under 504 Act reasonable accommodate.

Michael Capa superintendent of sing sing state facility
Practice was so Persistent and widespread or Permanent and
Well settled as to constitute a custom or usage with the Force
Of law and to imply the constructive knowledge of Policy
Making officials to intentional discrimination (2) discrimination
IMPACT: 2nd (3) a refusal to Make a reasonable modification
With disabilities Act of 1990 \$ 202 42 USCAS and Failure
to train or supervise as to know or obvious consequence
of their inaction with respect to custom.

Superintendent denied MY grievance on January 18,22 by sayin there is no evidence to support the allegations of discrimination, so why Hicheal Capa denied My grievance and didn't Place me in the Messhall

My Provider Could OF gave Me Medical Massian to back up her theory to support her allegations OF Left and right arm ParaParesis and Neuropathy.

Fifth cause of action

Micheel Capa superintendent of sing sing correctional Facility Fail "to comply with the ADA in Providing disabled invites access to Programs and Services due to Physical and architectural barriers"

Failing to Provide "adequately train staffed, and safe orderly assistance" Whenever Physical Modification have Not been Made to Provide Proper oversight of health care orderlies"

Failing "to correly with sing sing own ADA directives in Maintaining a qualified ADA coordinator and advisory countitee to handle ADA. Isoues."

Failing to Have efforts to Integrate disabled Inmates within the spirit of the ADA IMPlementing regulations"

Failing to adequately train Medical staff regarding compliance"

Failing to Spropriately evaluate and address ADA ACCOMY-Odation request and disability related grievance?

Failing to Identify and track disabilities and accommon-dation request in a Meaningful way."

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Fifth Cause OF action

Failing to "accommodate disabled inmates in applying discipline" and

Maintaining blanket exclusionary Policies For disabled inmotes registring access to various services, activities, and Programs in violation of the ADA'

Inadequately trained employess chooses Not to train them. Custom or Practice. Moral Certainty that his employess will confront agiving situation Mishandling the situation,

Failing to act on information indicating that unconstitutional act were occurring and in Violation of Plaintiffs
right under the First Eight, and Fourteenth amendment of
the united states constitution as Mandates of americans
with disability act.

SIX Cause OF Action

Defendent # 6 ANTHONY J. ANNUCCI Acting COMMISSIONER

He devied complainent grievance on April 7, 22 He Fall Under color of State Law. The devial was base on his administration Judgment Call base on experience and available information to prevent difficulties.

Commissioner Annucci he acted directly in not directly indirectly as a supervisor under 1983 these defendants are under his control he is held responsible cause he(1) Failure to remedy a wrong after being informed through a report or affect (2) Creation of Policy or custom that sanction conduct amouting to a constitution violation or allowing such a policy or custom to continue. (3) grossly Negligent supervision of subordinates who committed a violation or (4) Failure to act on information indication that unconstitutional act were occurring, and in violation of Plaintiffs rights under the first Eight, Fourteent amendment of the united states constitution as

Failing to track "Identify disabilities and accommodation in a Meaningful way" Maintaining blanket exclusionery. Policies Fordisabled inmates Veguarding access to various Services activities and Program in Violation of the ADA.

Seventh Cause OF action

Dentendent # 7 Rachael Seguin, Acting director incarcsrated grievance Program under Color of State Law, Fail to investigate and Could have Change Course of my grievance, she could
of spoke to Commissioner and explain to him my status and
that I was drafted from comstock masshall to sing sing
correctional Facility. Rachael Seguin she review grievance
that are devised by superintendents statewide, but she don't do
know investigation, and its rarely that a commissioner will,
overturn a superintendent decision who runs a state Prison.

"Policy or custom!"

I received a Memoranum receiff of appeal From her dated 3/17/2022, stating adisposition will be sent to you after the grievence is reviewed by CORC.

Pachael Seguin her office at Corc Practice was so
Persistent and widespread or Permanent and well settled as to
Constitue a custoff or usage with the Force of law and to imply
the constructive Knowlede of Policy Making officials to
Intentional discrimination (2) discrimination impact: (3) a refusal
to Make a reasonable Modification with disabilities Act 1990 \$
202 42 USCAS

Seventh Cause OFaction

and Failure to train or Supervise as to know or obvious consequence of their inaction with respect to Custom.

Inadebuately trained employess chooses not to, train them, custom or Practice, Moral Certainty that his employess will contront a giving situation Mishandling the cituation.

have Found that Mr. Ison work For other Food handling Services in other Prisons, and have a Food handling Certificate From green haven correctional Facility.

Acting director Scievance Program Violation of Plaintiffs rights under the First Eisht, and Fourteenth amendment of the United States constitution as mandates of americans with disability. Act.

Eight Cause OF Action

Defendant # 8 Roa Rosario Nurse administrator Under Color of State Lew in there individual Caracity and official and Knowing compire amongest N.Y.S. docs administrative official when they failed to or adhere too the Provisions of directive # 4803,

IN a letter from Mr. Ison to the Nurse 277 2dmINITIATOR requerding 2 Medical shower Pass due to MydisabIlity, Cause Mr. Ison Provider P.A. Kachappilly wouldn't
29519N him one, she displayed intentional discrimination,
(2) discrimination Impact, 2nd (3) a refusal to make a reasonble Modification with disabilities Act of 1990 20242 uscas

Failing to comply with the ADA in Providing disabled inmates access to Programs and Services due to

Physical and architectural barriers;

Failing to Provide adequately trained staffed, and orderly agaistance whenever Physical Modifications have not been Made to Provide access to handicarred. Prisoners, as well as a Failure to Provide Proper oversight, oversight of health core orderlies.

Failing to adequately train Medical Staff regarding ADA compliance.

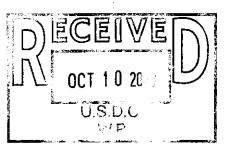
Eight cause of action

AT MINIMUM had authority to address the Wantonly Yeckless Hanner, under 504 Act reasonable accommodate, Knowledge of disability is Prerequisite to discrimination by reason of disability in violation of title II of americans with disability Act ADA and renabilities Act of 1973 3504 29 USCAS 794 Americans with disabilities of Act of 19903 202, 42 USCAS 12132, and in violation of Plaintiff rights under the first Eight and Fourteent amendment of the Unite States Constitution as Mandates of americans with disability Act.

Jerry ICase 7:20-cv-44401-85/R 26/2000 Filed 10/10/23 Page 30 of 30.
Aftica Correctional Facility
Box 149
Aftica. NEW YORK 14011-0149



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